



RETURN TO:

Board Of Selectmen
500 Gliniewicz Way
Abington, MA 02351

Town of Abington

Incident Report

Date and Time of Incident: _____

Name: _____

Address: _____

Phone Number: _____

Weather Conditions: _____

Location of Incident: _____

Vehicle Information: Year: _____ Make: _____ Model: _____

Vehicle Identification Number (VIN): _____

Driver Information:

Drivers License Number: _____ Date of Birth: _____

Occurrence/Accident: (please include location and pertinent details including any witnesses)

Note: Use additional sheet of paper if necessary for description of accident. Attach any paid bills or photo's to help during the investigation of this claim.

By giving you the opportunity to fill out a claim form does not constitute responsibility on the party of the Town of Abington for this claim, nor does it mean that this claim will automatically be paid by the Town of Abington or its Insurance Company. This claim will be investigated by the proper department and a determination will then be made.

Signed: _____

Date: _____

For Town use only:

Signed by Town Department Head:

Signature: _____ Printed Name: _____ Department: _____

Department Phone Number/Extension: _____ Date: _____